flaccid paraplegia of spinal origin is a proof of complete transverse lesion. Ten cases of lost reflexes from a partial lesion of the cord have been observed. Fraenkel gives the various theories which are held relating to the flaccid paraplegia from complete supralumbar transverse lesion, and accepts the views of Bastian, with some slight modification. He makes the preservation of muscular tonus of great importance in the maintenance of the reflexes. SPILLER.

112. LA NON-EQUIVALENCE DES DEUX HEMISPHERES CEREBRAUX (The Non-equivalence of the Cerebral Hemispheres). Klippel (Journal de Méd., March 6, 1898).

After examination of a large number of specimens, the author finds a distinct difference between the secondary degeneration following lesions of the right and of the left cerebral hemispheres.

He has found descending degeneration of the crossed pyramidal tract after cortical softening on the left side limited to the frontal lobe anterior to the ascending frontal convolution, and leaving this entirely intact. In lesions involving the Rolandic convolutions he finds degeneration of the pyramidal tract more marked when the lesion is on the left side. Involvement of the direct pyramidal tract is more frequent in left-sided lesions. Bilateral descending degeneration, that is, degeneration of the crossed pyramidal tract on both sides from a unilateral lesion, is seen almost exclusively in lesions of the left side.

PATRICK.

113. AN EXPERIMENTAL STUDY OF VISIONS. Morton Prince (Brain, 21, 1898, p. 528).

This is an interesting paper on the genesis of visions with the related phenomena. The author has summed up the observations as follows:

(1) Visions in sane persons may be revivals of past visual experiences, which originally may have been conscious or sub-conscious. The original sub-conscious experience may have occurred in a moment of absentmindedness, or may not have been sufficiently intense to have entered consciousness, or (rarely), may have occurred in somnambulism.

(2) The vision, instead of being a revival, may be a newly created pictorial representation of past experience other than visual. That is to say, past impressions of one or more senses (touch, hearing) and actions may translate themselves into a representation by another sense as a vision.

(3) It is probable, though not proved, that a vision may not reproduce or represent any past experience, visual or other, but may be newly created out of something the subject has read, heard or thought. The inference from, and passing thoughts about, known facts, may weave themselves into visions. This was probably the origin of the visions of Joan of Arc, and religious enthusiasts.

(4) Visions may partake more or less of the characteristics of these classes, being partly revivals, partly representations of actual non-visual experiences, and also of the subject's knowledge, inferences and thoughts.

(5) Generalizing, it is possible that hallucinations of the other senses, especially of hearing, and as exhibited by trance mediums, may have a similar origin and composition.

(6) Analogous phenomena may be observed in the attacks of hysterics where the passing thoughts in the normal state may appear as insistent ideas in the attack.

(7) It is probable that thoughts which have strongly absorbed

the mind and expressed the longed-for ambition, or the ideas and beliefs of the subject, may appear as visions. The subjects then are apt to look upon them as inspirations. In this way have arisen the visions of political personages like Joan of Arc, Bismarck, and religious enthusiasts like Luther, Fra Angelico, Catherine of Sienna and others.

(8) Visions, artificially created, may be representations and revivals of the experience of the hypnotic personality, of which experience the waking consciousness has never had knowledge.

(9) Impressions on the sense organs which never entered consciousness (therefore neither known nor remembered) may afterwards appear as visions. JELLIFFE.

PATHOLOGY AND CLINICAL NEUROLOGY.

114. PRIMARY DIFFUSE SARCOMATOSIS OF THE PIA MATER. Frey Svenson (Nordiskt Medicnskt Arkiv., 1897, No. 6; Progrès médical, April 9, 1898).

A patient of fifteen years died after having had symptoms of brain tumor for six years, when the autopsy revealed a diffuse sarcomatosis of the base of the brain, extending to the upper cervical region of the cord, but entirely confined to the soft membranes. There were also lobes of the growth found on the inferior surface of the cerebellum, in the right lateral ventricle, and in the temporo-occipital fissure. The growth, or growths, were supposed to originate in the endothelium of the subarachnoid space. The author was able to find in the literature fifteen cases of diffuse neoplasm limited to the leptomeninges of the central nervous system. PATRICK.

115 PARASITISME DES CENTRES NERVEUX PAR MYCOSE (Mycotic Infection of the Nervous Centers) J. Roux & J. Paviot (La Presse Médicale, 23 Fevrier, 1898, p. 102).

The patient, forty-one years of age, was admitted to the hospital suffering from paresis of the lower extremities and other nervous disorders. She was married, had had one miscarriage and one child which died in early infancy. There was no neuropathic heredity, and, aside from excessive indulgence in alcohol, no history of previous disease. Fifteen days before admission to the hospital the patient caught cold during menstruation, and felt very much fatigued. The following day she had a slight attack of sore throat, and noticed abnormal sensation in the lower limbs, that is, tingling and stabbing pains. She was so weak that it was almost impossible for her to remain standing. Her condition continued to grow worse, and she applied for admission to the hospital. Her condition was as follows: Great weakness of the lower limbs; locomotion, however, was possible, but the patient walked with a staggering gait; the station was poor, the patient falling if not supported; there was no inco-ordination; the reflexes were lost; tactile sense was disturbed, the patient responding very slowly and localizing very poorly; the sphincters were intact. Two days later the patient was unable to stand, but could still move the limbs, while in bed. Sensation was almost completely abolished, particularly in the feet and legs, and the subjective pains and tingling were still present. There was no muscular atrophy, no fever, no disturbance of the heart or respiration, and the urine was normal. Three days later the paralysis had continued to ascend, and had involved the sphincters. The general condition, however, remained excellent. The following day